

SECTION 2

Diagnostic and Rehabilitative Mental Health Services by DHS Contractors

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1 GENERAL POLICY

1 - 1 Authority

Effective July 1, 1993, the Utah State Medicaid Plan was amended to allow Medicaid reimbursement for diagnostic and rehabilitative outpatient mental health services provided to CHEC (EPSDT) eligible Medicaid clients.

1 - 2 Scope of Services

The scope of diagnostic and rehabilitative mental health services includes the following:

Diagnostic services

- Mental Health Evaluation
- Psychiatric Evaluation
- Psychological Testing

Rehabilitative services

- Individual Mental Health Therapy
- Group Mental Health Therapy
- Medication Management
- Skills Development Services
- Intensive Group Skills Development Services
- Comprehensive Residential Treatment Services
- Residential Treatment Services
- Family-Based Residential Services

Services must promote the client's mental health, reduce the client's mental disability, restore the client to the highest possible level of functioning, promote the client's self-sufficiency, and systematically reduce the client's reliance on support systems.

See Chapter 2, Scope of Services for service definitions and limitations.

1 - 3 Definitions

CHEC: Child Evaluation and Care; Utah's version of the federally mandated Early and Periodic Screening Diagnosis and Treatment (EPSDT) program. The CHEC program is designed to ensure access to needed medical care for Medicaid eligible clients from birth through age twenty, including the month of the 21st birthday.

Diagnostic Services means any medical procedure recommended by a physician or other licensed practitioner of the healing arts, within the scope of his practice under State law, to enable him to identify the existence, nature, or extent of illness, injury, or other health deviation.

Rehabilitative Services means any medical or remedial services recommended by a physician or other licensed practitioner of the healing arts, within the scope of his practice under State law, for maximum reduction of physical or mental disability and restoration of a client to his best possible functional level.

1 - 4 Qualified Mental Health Providers

Diagnostic and rehabilitative outpatient mental health services are covered benefits only when provided by: (1) a licensed rehabilitative treatment program operated by or under contract with the Department of Human Services (DHS); or (2) a licensed practitioner identified in this section employed by or under contract with DHS. DHS case workers may refer children to mental health providers identified in (1) or (2) of this paragraph for diagnostic services.

1 - 5 Provider Qualifications

A. Providers Qualified to Prescribe Services

Rehabilitative services must be prescribed by an individual defined below:

1. licensed mental health therapist practicing within the scope of his or her licensure in accordance with Title 58, Utah Code Annotated 1953, as amended:
 - a. licensed physician;
 - b. licensed psychologist;
 - c. licensed clinical social worker;
 - d. licensed advanced practice registered nurse;
 - e. licensed marriage and family therapist;
 - f. licensed professional counselor; or
2. an individual who is working within the scope of his or her certificate or license in accordance with Title 58, Utah Code Annotated 1953, as amended:
 - a. certified psychology resident working under the supervision of a licensed psychologist;
 - b. certified social worker working under the supervision of a licensed clinical social worker;
 - c. advanced practice registered nurse intern working under the supervision of a licensed advanced practice registered nurse;
 - d. certified marriage and family therapist intern working under the supervision of a licensed marriage and family therapist; or
 - e. certified professional counselor intern working under the supervision of a licensed mental health therapist; or

3. a student enrolled in a program leading to licensure as a mental health therapist, not currently licensed but exempted from licensure under Title 58, Utah Code Annotated, 1953, as amended, and because of enrollment in qualified courses, internship or practicum, under the supervision of qualified faculty.

(See Title 58 of the Utah Code Annotated, 1953, as amended, or the particular profession's practice act rule for supervision requirements.)

B. Providers Qualified to Render Services

Rehabilitative services may be provided by:

1. any of the individuals identified in paragraph A of this chapter, in accordance with the limitations set forth in Chapter 2, Scope of Services; or
2. one of the following individuals in accordance with the limitations set forth in Chapter 2, Scope of Services:
 - a. licensed social service worker;
 - b. licensed registered nurse;
 - c. licensed practical nurse; or
 - d. other trained individual.

1 - 6 Billing Arrangements

All providers employed by or under contract with DHS for the provision of services must sign a Medicaid provider agreement enrolling them as Medicaid providers. DHS will be recognized as the agency designated to bill Medicaid and collect reimbursement on the providers' behalf. Providers will continue to submit billings to DHS according to established DHS procedures.

However, licensed psychologists and psychiatrists who choose to enroll as a Medicaid provider and bill Medicaid directly may do so. In such instances, the psychologist must continue to use the appropriate psychology Y codes specified in the Utah Medicaid Provider Manual for Psychology Services and follow established prior authorization requirements. Psychiatrists billing Medicaid directly must continue using appropriate CPT-4 codes.

1 - 7 Evaluation Procedures

In accordance with state law, an individual identified in paragraph A of Chapter 1 - 5 must conduct a mental health evaluation to assess the existence, nature, or extent of illness, injury or other health deviation for the purpose of determining the client's need for mental health services. (See Chapter 2 - 1, Mental Health Evaluation.)

1 - 8 Treatment Plan

- A. If it is determined the individual needs mental health services, a treatment plan must be developed either by the individual identified in paragraph A of Chapter 1 - 5 conducting the evaluation, or by an individual identified in paragraph A of Chapter 1 - 5 who actually delivers the mental health services.
- B. The treatment plan is a written, individualized plan which contains measurable treatment goals related to problems identified in the mental health evaluation. The treatment plan must be designed to improve and/or stabilize the client's condition.
- C. The treatment plan must be developed in accordance with time frames dictated by DHS policy.
- D. The treatment plan must include the following:

- 1. measurable treatment goals developed in conjunction with the client;

If the treatment plan contains skills development services, it must include measurable goals specific to all skills issues being addressed with this treatment method. Please note that the actual skills development treatment goals may be developed by qualified skills development providers identified in items #1 - 6 of the "Who" section in Chapter 2 - 6, Skills Development Services;

- 2. the treatment regimen—the specific treatment methods that will be used to meet the measurable treatment goals;
- 3. a projected schedule for service delivery, including the expected frequency and duration of each treatment method; and
- 4. the credentials of individuals who will furnish the services.

1 - 9 Periodic Review of the Treatment Plan

- A. An individual identified in paragraph A of Chapter 1 - 5 must periodically review the client's treatment plan in accordance with DHS review policy (i.e. at least quarterly), or more often as needed, if there is a change in the client's condition or status as determined by the individual identified in paragraph A of Chapter 1 - 5 overseeing the treatment plan.
- B. An individual identified in paragraph A of Chapter 1 - 5 must have sufficient face-to-face contact with the client in order to complete the quarterly review of progress toward the treatment objectives, the appropriateness of the services being prescribed and the need for the client's continued participation in the program.
- C. If an individual identified in paragraph A of Chapter 1 - 5 provides ongoing services to the client, then the treatment plan review conducted by this individual may not require a face-to-face contact. However, if the individual identified in paragraph A of Chapter 1 - 5 who will conduct the review has had only limited or no contact with the client during the preceding quarter, and therefore, does not have sufficient clinical information to evaluate the treatment prescription, then the client must be seen face-to-face to conduct the treatment plan review.
- D. Treatment plan reviews shall be documented in detail in the client's record and include:
 - 1. the date and duration of the service;
 - 2. the specific service rendered (i.e., treatment plan review);
 - 3. a written update of progress toward established treatment goals, the appropriateness of the services being furnished, and the need for the client's continued participation in the program; and
 - 4. the signature and title of the individual who rendered the service.
- E. If the individual identified in paragraph A of Chapter 1 - 5 determines during a treatment plan review that the treatment plan, (e.g., problems, goals, methods, etc.) needs to be modified, then as part of the treatment plan review, an updated treatment plan also must be developed.
- F. The treatment plan review may be billed **only** if the review is conducted during a face-to-face interview with the client.
- G. The treatment plan review may be billed as mental health evaluation, or in accordance with DHS policy, as individual mental health therapy, as reviews often are conducted within the context of an individual mental health therapy session. (See Chapters 2 - 1 and 2 - 3.)
- H. This service may not be billed separately if the client is receiving services in a comprehensive residential treatment program, a residential treatment program, or family-based residential program. (See Chapters 2 - 7, 2 - 8, and 2 - 9.)

1 - 10 Documentation

- A. The provider must develop and maintain sufficient written documentation for each medical or remedial therapy, service, or session for which billing is made.
- B. See Chapter 2, Scope of Services, for documentation requirements specific to each service.
- C. The clinical record must be kept on file, and made available for State or Federal review, upon request.

1 - 11 Collateral Services

Collateral services may be billed if the following conditions are met:

1. the service is provided face-to-face to an immediate family member (e.g., parent or foster parent) on behalf of the identified client; and
2. the identified client is the focus of the session.

The collateral service must be billed under the appropriate service code, such as mental health evaluation, individual mental health therapy, group mental health therapy, or skills development services. However, if the child is in a comprehensive residential treatment program, residential treatment program, or family-based residential program and the services are included in the daily rate, then they may not be billed under a separate service code. (See Chapters 2 - 7, 2 - 8 and 2 - 9.)

1 - 12 Quality Improvement

The provider must have a written quality improvement plan. The plan must have the means to evaluate all aspects of the organization as well as the quality and timeliness of services delivered. Except for providers in an individual practice, the plan must include an interdisciplinary quality improvement committee that has the authority to report its findings and recommendations for improvement to the agency's director. The quality improvement committee must meet a least quarterly to conduct or review quality improvement activities and make recommendations for improvement.

2 SCOPE OF SERVICES

2 - 1 Mental Health Evaluation

Mental health evaluation means a face-to-face evaluation where the existence, nature, or extent of illness, injury, or other health deviation is identified for the purpose of determining the client's need for mental health services.

If it is determined a client is in need of mental health services, the mental health therapist must develop an individualized treatment plan. (See Chapter 1 - 8).

- Who:
1. licensed mental health therapist;
 2. an individual who is working within the scope of his or her certificate or license:
 - a. certified psychology resident working under the supervision of a licensed psychologist;
 - b. certified social worker working under the supervision of a licensed clinical social worker;
 - c. advanced practice registered nurse intern working under the supervision of a licensed advanced practice registered nurse;
 - d. certified marriage and family therapist intern working under the supervision of a licensed marriage and family therapist; or
 - e. certified professional counselor intern working under the supervision of a licensed mental health therapist; or
 3. a student enrolled in a program leading to licensure as a mental health therapist, not currently licensed but exempted from licensure under Title 58, Utah Code Annotated, 1953, as amended, and because of enrollment in qualified courses, internship or practicum, under the supervision of qualified faculty.
 4. Individuals identified below may participate as part of a multi-disciplinary team in the evaluation process by gathering the psycho-social data when working under the supervision of a licensed mental health therapist:
 - a. licensed social service worker;
 - b. licensed registered nurse; or
 - c. licensed practical nurse.

Although an individual identified in items a through c above may **assist** in the evaluation process by meeting with the client to gather parts of the psycho-social data as directed by the supervisor, an individual identified in #1 through 3 above must see the individual face-to-face to conduct the mental health evaluation.

Individuals identified in items a through c may also participate as part of the multi-disciplinary team in the development of the treatment plan, **but they may not independently diagnose or prescribe treatment.** Individuals identified in #1 through 3 above, based on their face-to-face evaluation of the client, must diagnose and prescribe treatment.

(See Title 58 of the Utah Code Annotated, 1953, as amended, or the particular profession's practice act rule for supervision requirements.)

Record: Mental Health Evaluation:

1. date and actual time of the service;
2. duration of the service;
3. setting in which the service was rendered;
4. specific service rendered (i.e., mental health evaluation or psychiatric evaluation);
5. summary of mental health or psychiatric evaluation findings that includes:
 - a. diagnoses; and
 - b. summary of recommended mental health treatment services, and other recommended services as appropriate; and
6. signature and title of individual who rendered the service.

Units: **Y0480 - Mental Health Evaluation** - per 15 minutes**Y0488 - Psychiatric Evaluation (MD or APRN, only)** - per 15 minutes**Limits:** The following services are not covered services under Medicaid and may not be billed to Medicaid:

1. Services where the therapist or others during the session use coercive techniques (e.g., coercive physical restraints, including interference with body functions such as vision, breathing and movement, or noxious stimulation) to evoke an emotional response in the child such as rage or to cause the child to undergo a rebirth experience. Coercive techniques are sometimes also referred to as holding therapy, rage therapy, rage reduction therapy or rebirthing therapy.
2. Services wherein the therapist instructs and directs parents or others in the use of coercive techniques that are to be used with the child in the home or other setting outside the therapy session.
3. If the provider will bill the treatment plan review as mental health evaluation, the service may only be billed if it is conducted during a face-to-face interview with the client. (See Chapter 1 - 9, E. and F.)
4. Mental health evaluations and treatment plan review(s) may not be billed separately if the client is receiving services in a comprehensive residential treatment program, residential treatment program, or family-based residential program. (See Chapters 2 - 7, 2 - 8 and 2 - 9.)

2 - 2 Psychological Testing

Psychological testing means administering (face-to-face), evaluating, and submitting a written report of the results of psychometric, diagnostic, projective, or standardized IQ tests.

- Who:
1. licensed physician;
 2. licensed psychologist; or
 3. certified psychology resident working under the supervision of a licensed psychologist.

- Record:
1. date(s) and actual time(s) of testing;
 2. duration of the testing;
 3. setting in which the testing was rendered;
 4. specific service rendered;
 5. signature and title of individual who rendered the service; and
 6. written test reports which include:
 - a. brief history;
 - b. tests administered;
 - c. test scores;
 - d. evaluation of test results;
 - e. current functioning of the examinee;
 - f. diagnoses;
 - g. prognosis; and
 - h. specific treatment recommendations for mental health services, and other recommended services as appropriate.

Unit: **Y0481 - Psychological Testing - per 15 minutes**

- Limits: The following services are not covered services under Medicaid and may not be billed to Medicaid:
1. Services where the therapist or others during the session use coercive techniques (e.g., coercive physical restraints, including interference with body functions such as vision, breathing and movement, or noxious stimulation) to evoke an emotional response in the child such as rage or to cause the child to undergo a rebirth experience. Coercive techniques are sometimes also referred to as holding therapy, rage therapy, rage reduction therapy or rebirthing therapy.
 2. Services wherein the therapist instructs and directs parents or others in the use of coercive techniques that are to be used with the child in the home or other setting outside the therapy session.
 3. This service may not be billed separately if the client is receiving services in a comprehensive residential treatment program. (See Chapter 2 - 7)

2 - 3 Individual Mental Health Therapy

Individual mental health therapy means face-to-face interventions with an individual client with a focus on improving the client's emotional and mental adjustment and social functioning based on measurable treatment goals identified in the client's individual treatment plan.

- Who:
1. licensed mental health therapist;
 2. an individual who is working within the scope of his or her certificate or license:
 - a. certified psychology resident working under the supervision of a licensed psychologist;
 - b. certified social worker working under the supervision of a licensed clinical social worker;
 - c. advanced practice registered nurse intern working under the supervision of a licensed advanced practice registered nurse;
 - d. certified marriage and family therapist intern working under the supervision of a licensed marriage and family therapist; or
 - e. certified professional counselor intern working under the supervision of a licensed mental health therapist; or
 3. a student enrolled in a program leading to licensure as a mental health therapist, not currently licensed but exempted from licensure under Title 58, Utah Code Annotated, 1953, as amended, and because of enrollment in qualified courses, internship or practicum, under the supervision of qualified faculty.

(See Title 58 of the Utah Code Annotated, 1953, as amended, or the particular profession's practice act rule for supervision requirements.)

Record: For each session:

1. date and actual time of the service;
2. duration of the service;
3. setting in which the service was rendered;
4. specific service rendered;
5. treatment goal(s);
6. clinical note describing the client's progress toward treatment goal(s); and
7. signature and title of individual who rendered the service.

Unit: **Y0482 - Individual Mental Health Therapy** - per 15 minutes

Family therapy may be billed using the individual therapy code and must be billed under the name of the Medicaid eligible child.

Limits: The following services are not covered services under Medicaid and may not be billed to Medicaid:

1. Services where the therapist or others during the session use coercive techniques (e.g., coercive physical restraints, including interference with body functions such as vision, breathing and movement, or noxious stimulation) to evoke an emotional response in the child such as rage or to cause the child to undergo a rebirth experience. Coercive techniques are sometimes also referred to as holding therapy, rage therapy, rage reduction therapy or rebirthing therapy.
2. Services wherein the therapist instructs and directs parents or others in the use of coercive techniques that are to be used with the child in the home or other setting outside the therapy session.
3. If the provider bills the treatment plan review as individual mental health therapy, the service may only be billed if it is conducted during a face-to-face interview with the client. (See Chapter 1 - 9, E. and F.)
4. Individual mental health therapy and treatment plan reviews may not be billed separately if the child is receiving services in a comprehensive residential treatment program or residential treatment program. (See Chapters 2 - 7 and 2 - 8 for documentation requirements for individual mental health therapy in a comprehensive residential treatment program or residential treatment program.)

2 - 4 Group Mental Health Therapy

Group mental health therapy means face-to-face treatment with two or more clients in the same session to improve the client's emotional and mental adjustment and social functioning based on measurable treatment goals identified in the client's individual treatment plan. The group should not exceed 10 individuals unless a co-therapist is present. Medicaid reimbursement may be claimed only for the Medicaid eligible clients in the group.

- Who:
1. licensed mental health therapist;
 2. an individual who is working within the scope of his or her certificate or license:
 - a. certified psychology resident working under the supervision of a licensed psychologist;
 - b. certified social worker working under the supervision of a licensed clinical social worker;
 - c. advanced practice registered nurse intern working under the supervision of a licensed advanced practice registered nurse;
 - d. certified marriage and family therapist intern working under the supervision of a licensed marriage and family therapist; or
 - e. certified professional counselor intern working under the supervision of a licensed mental health therapist; or
 3. a student enrolled in a program leading to licensure as a mental health therapist, not currently licensed but exempted from licensure under Title 58, Utah Code Annotated, 1953, as amended, and because of enrollment in qualified courses, internship or practicum, under the supervision of qualified faculty.

(See Title 58 of the Utah Code Annotated, 1953, as amended, or the particular profession's practice act rule for supervision requirements.)

Record: For each session:

1. date and actual time of service;
2. duration of the service;
3. setting in which the service was rendered;
4. specific service rendered;
5. treatment goal(s);
6. monthly or per session clinical note describing the client's progress toward treatment goal(s); and
7. signature and title of individual who rendered the service.

If a clinical note summarizing progress toward treatment goals is written for each group session, then a monthly progress note is **not** also required.

Unit: **Y0483 - Group Mental Health Therapy** - per 15 minutes per client

Limits: The following services are not covered services under Medicaid and may not be billed to Medicaid:

1. Services where the therapist or others during the session use coercive techniques (e.g., coercive physical restraints, including interference with body functions such as vision, breathing and movement, or noxious stimulation) to evoke an emotional response in the child such as rage or to cause the child to undergo a rebirth experience. Coercive techniques are sometimes also referred to as holding therapy, rage therapy, rage reduction therapy or rebirthing therapy.
2. Services wherein the therapist instructs and directs parents or others in the use of coercive techniques that are to be used with the child in the home or other setting outside the therapy session.
3. This service may not be billed separately if the child is receiving services in a comprehensive residential treatment program or residential treatment program. (See Chapters 2 - 7 and 2 - 8 for documentation requirements for group mental health therapy in a comprehensive residential treatment program or residential treatment program.)

2 - 5 Medication Management

Medication Management means a face-to-face intervention that includes prescribing, administering, monitoring, or reviewing the client's medication and medication regimen and providing appropriate information to the client regarding the medication regimen.

- Who:
1. licensed physician;
 2. licensed advanced practice registered nurse;
 3. advanced practice registered nurse intern working under the supervision of a licensed advanced practice registered nurse;
 4. licensed registered nurse; or
 5. other practitioner licensed under state law to prescribe, review, or administer medication acting within the scope of his/her license.

Record: For each session:

1. medication order or copy of the prescription signed by the prescribing practitioner;
2. date and actual time of service;
3. duration of the service;
4. setting in which the service was rendered;
5. specific service rendered;
6. treatment goal(s);
7. written note summarizing the client's progress toward treatment goal(s); and
8. signature and title of individual who rendered the services.

Unit: **Y0484 - Medication Management by physician** - per encounter by licensed physician, licensed advanced practice registered nurse, advanced practice registered nurse intern working under the supervision of a licensed advanced practice registered nurse, or other practitioner licensed under state law to prescribe medication acting within the scope of his/her license.

Y0485 - Medication Management by RN - per encounter by a licensed registered nurse, or a licensed practical nurse working under the supervision of a licensed physician, licensed advanced practice registered nurse, or licensed registered nurse.

Limits: The following services are not covered services under Medicaid and may not be billed to Medicaid:

1. Services where the therapist or others during the session use coercive techniques (e.g., coercive physical restraints, including interference with body functions such as vision, breathing and movement, or noxious stimulation) to evoke an emotional response in the child such as rage or to cause the child to undergo a rebirth experience. Coercive techniques are sometimes also referred to as holding therapy, rage therapy, rage reduction therapy or rebirthing therapy.
2. Services wherein the therapist instructs and directs parents or others in the use of coercive techniques that are to be used with the child in the home or other setting outside the therapy session.

3. This service may not be billed separately if the child is receiving services in a comprehensive residential treatment program. (See Chapter 2 - 7)

2 - 6 Group Skills Development Services

Group skills development services means rehabilitative services provided face-to-face to a group of individuals in a residential program, day treatment program, or other appropriate setting to:

- A. assist individuals develop competence in basic living skills in the areas of food planning, shopping, food preparation, money management, mobility, grooming, personal hygiene and maintenance of the living environment, and to assist the individual in complying with their medication regimen; and
- B. assist individuals to develop appropriate social, interpersonal and communication skills, and effective behaviors.

Who:

1. licensed mental health therapist;
2. an individual who is working within the scope of his or her certificate or license:
 - a. certified psychology resident working under the supervision of a licensed psychologist;
 - b. certified social worker working under the supervision of a licensed clinical social worker;
 - c. advanced practice registered nurse intern working under the supervision of a licensed advanced practice registered nurse;
 - d. certified marriage and family therapist intern working under the supervision of a licensed marriage and family therapist; or
 - e. certified professional counselor intern working under the supervision of a licensed mental health therapist;
3. a student enrolled in a program leading to licensure as a mental health therapist, not currently licensed but exempted from licensure under Title 58, Utah Code Annotated, 1953, as amended, and because of enrollment in qualified courses, internship or practicum, under the supervision of qualified faculty;
4. licensed registered nurse
5. licensed substance abuse counselor;
6. licensed social service worker;
7. individual certified or credentialed to provide rehabilitative services to children;
8. licensed practical nurse, or other trained staff, working under the supervision of a licensed mental health therapist identified in Chapter 1 - 5, paragraph A, Providers Qualified to Prescribe Services, licensed certified social worker, licensed registered nurse, licensed social service worker, or an individual certified or credentialed to provide rehabilitative services to children;
9. student enrolled in a program leading to licensure as a certified social worker working under the supervision of a licensed mental health therapist or licensed certified social worker;
10. student enrolled in a program leading to licensure as a licensed registered nurse, working under the supervision of a licensed registered nurse; or
11. student enrolled in a program leading to licensure as a social service worker, working under the supervision of a licensed mental health therapist, licensed certified social worker, or a licensed social service worker.

- Record:
1. daily log documenting the date and duration of the service and the activities provided;
 2. monthly summary documenting (1) the significant and specific activities in which the client participated, and (2) progress toward skills development treatment goals; and
 3. signature and title of individual who rendered the services.

If more frequent summaries documenting progress toward treatment goals are written, then a monthly summary is not also required.

If skills development treatment goals were met during the month as a result of participation in the skills development services program, then new individualized goals must be developed and added to the treatment plan.

Unit: **Y0486 - Group Skills Development Services** - per 15 minutes per client, for ages 0 through the month of the 21st birthday

Y0487 - Intensive Group Skills Development Services - per 15 minutes per client, for ages 0 through the month of the 13th birthday

- Limits:
1. Skills development services do **not** include:
 - a. activities in which the provider is not present and actively involved in teaching a needed skill;
 - b. activities in which the provider performs tasks for the client;
 - c. personal care services, e.g., performing grooming and personal hygiene tasks for the client;
 - d. routine supervision of clients;
 - e. meeting and counseling with the client's family, legal guardian and/or significant other. Such encounters may be covered only if the services are directed exclusively to the treatment of the client;
 - f. routine transportation of clients or transportation to the site where a skills development service will be provided;
 - g. job training, job coaching, vocational and educational services; and
 - h. routine completion of chores or activities of daily living by the client in a residential setting after the skill required to complete the chore or daily living activity has already been acquired.
 2. In **group skills development** programs, a ratio of no more than 12 clients per professional staff (identified in "Who" section) must be maintained during the entire program.
 3. In the **intensive group skills development** program, a ratio of no more than five clients per professional staff (identified in "Who" section) must be maintained during the entire program.
 4. This service may not be billed separately if the child is receiving services in a comprehensive residential treatment program, residential treatment program, or family-based residential program. (See Chapters 2 - 7, 2 - 8, and 2 - 9 for documentation requirements for group skills development in a comprehensive residential treatment program or residential treatment program.)

5. Services where the therapist or others during the session use coercive techniques (e.g., coercive physical restraints, including interference with body functions such as vision, breathing and movement, or noxious stimulation) to evoke an emotional response in the child such as rage or to cause the child to undergo a rebirth experience. Coercive techniques are sometimes also referred to as holding therapy, rage therapy, rage reduction therapy or rebirthing therapy
6. Services wherein the therapist instructs and directs parents or others in the use of coercive techniques that are to be used with the child in the home or other setting outside the therapy session.

2 - 7 Comprehensive Residential Treatment Services

Comprehensive Residential Treatment Services means an all-inclusive residential treatment program for emotionally/behaviorally disordered children/youth that includes treatment services and 24-hour care and supervision in a facility licensed by DHS or the Department of Health. The residential facility provides an integrated program of therapies, activities and experiences that includes a comprehensive mental health evaluation, psychological testing, psychiatric evaluation and medication management services, individual/family mental health therapy, group mental health therapy, skills development services and other rehabilitative services designed to improve the client's functioning. Services are prescribed by a licensed mental health therapist based upon a comprehensive mental health evaluation. The provision of services is overseen by a licensed mental health therapist. Services are based on a written individualized treatment plan with the expectation that the services can reasonably be expected to improve and/or stabilize the client's condition so that services of this intensity will no longer be needed.

Who: Residential treatment facility licensed by DHS or the Department of Health

Record: 1. For mental health and psychiatric evaluations, psychological testing, and individual/family mental health therapy, and medication management services, see the "Record" section in Chapters 2 - 1, 2 - 2, 2 - 3 and 2 - 5 of this manual for documentation requirements for these services.

2. For all other inclusive services, for **each** treatment goal:
 - a. Monthly note documenting the treatment goal, method(s) used and progress toward the treatment goal for **each** method.
 - b. For treatment goals with group mental health therapy as a treatment method, the monthly note for this method must be written, signed and dated by the mental health therapist providing the service. The note must include a statement of the total hours provided during the month. If group mental health therapy is documented per session, then a monthly note for that treatment method is not also required.
 - c. For treatment goals with skills development services as a treatment method, the monthly note must be written, signed and dated either by the staff directly providing the services or the staff responsible for overseeing the services.

In addition to a summary of progress toward the treatment goal, the note must include a summary of the significant and specific activities in which the client participated during the month that affected the client's progress toward or achievement of the treatment goal.

Back-up**Documentation:**

1. Monthly program schedules documenting routine and planned activities for the program.
2. For group mental health therapy, back-up documentation shall include the date, actual time, and duration of service. If preferred, this information may be included in the monthly note.
3. For skills development services, back-up documentation for each child that includes an individualized daily program schedule documenting planned skills development activities.
4. Client daily attendance and absences including the reason for the absence.

Unit: Y0489, Y0490, Y0491, Y0492, Y0493, Y0494, Y0495, Y0496, Y0497 - Comprehensive Residential Treatment Services

- Limits:**
1. One unit per day per client, not including room, board, and education.
 2. Services where the therapist or others during the session use coercive techniques (e.g., coercive physical restraints, including interference with body functions such as vision, breathing and movement, or noxious stimulation) to evoke an emotional response in the child such as rage or to cause the child to undergo a rebirth experience. Coercive techniques are sometimes also referred to as holding therapy, rage therapy, rage reduction therapy or rebirthing therapy.
 3. Services wherein the therapist instructs and directs parents or others in the use of coercive techniques that are to be used with the child in the home or other setting outside the therapy session.
 4. Medicaid reimbursement for client absences from the facility/program may be approved by DHS for up to eight days per month if the absence is intended to facilitate service plan objectives, discharge planning or to maintain continuity of treatment. Specifically, the following types of absences may be approved and reimbursed: 1) planned family/home visits; 2) planned visits to prospective foster home, independent living, kin placement or other prospective transitional placement; or 3) unanticipated absence such as a run-away where the intention is for the client to be placed in the same facility/program upon return from the run-away. Medicaid reimbursement for client absences is not allowed for hospital stays or detention in correctional facilities.

2 - 8 Residential Treatment Services

Residential Treatment Services means a semi-inclusive residential treatment program for emotionally/behaviorally disordered children/youth that includes treatment services and 24-hour care and supervision in a facility licensed by DHS or the Department of Health. The residential facility provides an integrated program of therapies, activities and experiences that includes a comprehensive mental health evaluation, individual/family mental health therapy, group mental health therapy, skills development services and other rehabilitative services designed to improve the client's functioning. Although not a direct part of the program, the provider must have the capacity to arrange for psychological testing, psychiatric evaluation and medication management services, and group skills development services in a licensed day treatment setting. Services are prescribed by a licensed mental health therapist based upon a comprehensive mental health evaluation. The provision of services is overseen by a licensed mental health therapist. Services are based on a written individualized treatment plan with the expectation that the services can reasonably be expected to improve and/or stabilize the client's condition so that services of this intensity will no longer be needed.

Who: Residential treatment facility licensed by DHS or the Department of Health

- Record:
1. For mental health evaluations and individual/family mental health therapy, see the "Record" section in Chapters 2 - 1 and 2 - 3 of this manual for documentation requirements for these services.
 2. For all other inclusive services, for **each** treatment goal:
 - a. Monthly note(s) documenting the treatment goal, method(s) used and progress toward the treatment goal for **each** method.
 - b. For treatment goals with group mental health therapy as a treatment method, the monthly note for this method must be written, signed and dated by the mental health therapist providing the service. The note must include a statement of the total hours provided during the month. If group mental health therapy is documented per session, then a monthly note for that treatment method is not also required.
 - c. For treatment goals with skills development services as a treatment method, the monthly note must be written, signed and dated either by the staff directly providing the services or the staff responsible for overseeing the services.

In addition to a summary of progress toward the treatment goal, the note must include a summary of the significant and specific activities in which the client participated during the month that affected the client's progress toward or achievement of the treatment goal.

Back-up
Documentation:

1. Monthly program schedules documenting routine and planned activities for the program.
2. For group mental health therapy, back-up documentation shall include the date, actual time, and duration of service. If preferred, this information may be included in the monthly note.
3. For skills development services, back-up documentation for each child that includes an individualized daily program schedule documenting planned skills development activities.
4. Client daily attendance and absences including the reason for the absence.
5. For services arranged for but not directly provided by the residential treatment program (i.e., psychological testing, psychiatric evaluation, medication management services, and skills development services provided in a day treatment program), documentation must be completed and maintained by the service provider in accordance with the applicable documentation requirements outlined in this manual.

Unit: **Y4101, Y4102, Y4103, Y4104, Y4105, Y4106, Y4107 - Residential Treatment Services**

- Limits:
1. One unit per day per client, not including room, board, and education.
 2. Services where the therapist or others during the session use coercive techniques (e.g., coercive physical restraints, including interference with body functions such as vision, breathing and movement, or noxious stimulation) to evoke an emotional response in the child such as rage or to cause the child to undergo a rebirth experience. Coercive techniques are sometimes also referred to as holding therapy, rage therapy, rage reduction therapy or rebirthing therapy.
 3. Services wherein the therapist instructs and directs parents or others in the use of coercive techniques that are to be used with the child in the home or other setting outside the therapy session.

4. Medicaid reimbursement for client absences from the facility/program may be approved by DHS for up to eight days per month if the absence is intended to facilitate service plan objectives, discharge planning or to maintain continuity of treatment. Specifically, the following types of absences may be approved and reimbursed: 1) planned family/home visits; 2) planned visits to prospective foster home, independent living, kin placement or other prospective transitional placement; or 3) unanticipated absence such as a run-away where the intention is for the client to be placed in the same facility/program upon return from the run-away. Medicaid reimbursement for client absences is not allowed for hospital stays or detention in correctional facilities.

2 - 9 Family-Based Residential Services

Family-based residential services means a semi-inclusive family home-based residential treatment program for emotionally/behaviorally disordered children/youth that includes treatment services and 24-hour care and supervision in a family home-based setting licensed or certified by DHS or the Department of Health. The family-based program provides an integrated program of therapies, activities and experiences that includes a comprehensive mental health evaluation, skills development services and other rehabilitative services designed to improve the client's functioning. Although not a direct part of the program, the provider must have the capacity to arrange for psychological testing, psychiatric evaluation and medication management services, individual/family mental health therapy, group mental health therapy, and group skills development services provided through a licensed day treatment program. Services are prescribed by a licensed mental health therapist based upon a comprehensive mental health evaluation. The provision of services is overseen by a licensed mental health therapist. Services are based on a written individualized treatment plan with the expectation that the services can reasonably be expected to improve and/or stabilize the client's condition so that services of this intensity will no longer be needed.

Who: Family-based residential program licensed by DHS

- Record:
1. For mental health evaluations, see the Record section in Chapter 2 - 1 of this manual for documentation requirements for this service.
 2. For skills development services, the following is required:
 - a. A monthly note must be written, signed and dated either by the staff directly providing the services or the staff responsible for overseeing the services.
 - b. The monthly note must specify the treatment goal and progress toward the treatment goal.
 - c. The monthly note must also include a summary of the significant and specific activities in which the client participated during the month that affected the client's progress toward or achievement of the treatment goal.

Back-up

Documentation

1. Monthly individual schedules documenting routine and planned activities for the child.
2. Client daily attendance and absences including reason for absence.
3. For services arranged for but not directly provided by the family-based residential treatment program (i.e., psychological testing, psychiatric evaluation, medication management services, individual/family mental health therapy, group mental health therapy, and skills development services provided in a day treatment program), documentation must be completed and maintained by the service provider in accordance with the applicable documentation requirements outlined in this manual.

Unit: Y4111, Y4112, Y4113, Y4114, Y4115, Y4116, Y4117 - Family-Based Residential Services

- Limits:
1. One unit per day per client, not including room, board, and education.
 2. Services where the therapist or others during the session use coercive techniques (e.g., coercive physical restraints, including interference with body functions such as vision, breathing and movement, or noxious stimulation) to evoke an emotional response in the child such as rage or to cause the child to undergo a rebirth experience. Coercive techniques are sometimes also referred to as holding therapy, rage therapy, rage reduction therapy or rebirthing therapy.
 3. Services wherein the therapist instructs and directs parents or others in the use of coercive techniques that are to be used with the child in the home or other setting outside the therapy session.
 4. Medicaid reimbursement for client absences from the facility/program may be approved by DHS for up to eight days per month if the absence is intended to facilitate service plan objectives, discharge planning or to maintain continuity of treatment. Specifically, the following types of absences may be approved and reimbursed: 1) planned family/home visits; 2) planned visits to prospective foster home, independent living, kin placement or other prospective transitional placement; or 3) unanticipated absence such as a run-away where the intention is for the client to be placed in the same facility/program upon return from the run-away. Medicaid reimbursement for client absences is not allowed for hospital stays or detention in correctional facilities.

3 PROCEDURE CODES FOR DIAGNOSTIC AND REHABILITATIVE MENTAL HEALTH SERVICES

For each date of service, enter the appropriate five digit procedure code as indicated below.

Codes	Service and Units	Age of Patient	Limits per Patient
Y0480	Mental Health Evaluation, per 15 minutes	Codes Y0480 -Y0486: Ages 0 through the month of the 21st birthday	See below.
Y0488	Psychiatric Evaluation (MD or APRN, only), per 15 minutes		
Y0481	Psychological Testing, per 15 minutes		
Y0482	Individual Mental Health Therapy, per 15 minutes		
Y0483	Group Mental Health Therapy, per 15 minutes		
Y0484	Medication Management by physician, per encounter		
Y0485	Medication Management by RN, per encounter		
Y0486	Group Skills Development Services, per 15 minutes per client		
Y0487	Intensive Group Skills Development Services, per 15 minutes per client	Ages 0 through the month of the 13th birthday	See below.
Y0489	Comprehensive Residential Treatment Services, per day per client	Ages 0 through the month of the 21st birthday	No other code may be billed with this code.
Y0490			
Y0491			
Y0492			
Y0493			
Y0494			
Y0495			
Y0496			
Y0497			
Y4101	Residential Treatment Services, per day per client	Ages 0 through the month of the 21st birthday	Certain other codes may not be billed. See Chapter 2, Scope of Services.
Y4102			
Y4103			
Y4104			
Y4105			
Y4106			
Y4107			
Y4111	Family-Based Residential Services, per day per client	Ages 0 through the month of the 21st birthday	Certain other codes may not be billed. See Chapter 2, Scope of Services.
Y4112			
Y4113			
Y4114			
Y4115			
Y4116			
Y4117			

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